

**TO:** All Temporary Food Service Vendors

**FROM:** Panhandle Health District I  
Environmental Section

**SUBJECT:** Temporary Food Service License Application

**DATE:** August 29, 2002

An annual license fee of \$65.00 is required. An application without the license fee is not complete and cannot be processed." All food establishments handling potentially hazardous foods, requiring licensure will be paying the same fee. Idaho Code§39-1604 states, "No person, firm or corporation shall operate a food establishment that handles potentially hazardous foods, for which no other state or federal food safety inspection or license is required, without a license approved by the director of the Department of Health and Welfare or his designee."

One temporary food service license and \$65.00 fee may be used for three (3) events during the calendar year in the same district. If an operator wishes to be permitted for more than three events, he/she must qualify for a mobile license or be granted a technical waiver.

**NOTE:** Fraternal, Benevolent and Nonprofit Charitable Organizations - see attached. Attached is the Temporary Food Service License Application. A booklet on "How to Operate a Temporary Food Establishment" is enclosed as a guide to help you meet the requirements of Idaho's Rules and Regulations Governing Food Sanitation Standards for Food Establishments- UNICODE.

\*\*\* Please complete all questions on the application, attach a complete menu, a letter from your commissary (with owners name, address, telephone number - signed and dated), the \$65.00 license fee and **submit** to this office for review within 72 hours (3 days) prior to the event. An incomplete application may cause a delay and/or disapproval of your application. **Applications received after the 72-hour deadline will not be accepted and the applicant will not be allowed to operate.**

If you have any questions, please feel free to contact this office.

Thank you.

# TEMPORARY EVENT FOOD SERVICE LICENSE

ESTABLISHMENT INFORMATION	LICENSE HOLDER/OWNER/LESSEE
Business Name: _____  Business Mailing Address: _____  _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>City</span> <span>State</span> <span>Zip</span> </div> Business Telephone: (    ) _____  Fax: (    ) _____  Non-profit Group: Yes <input type="checkbox"/> No <input type="checkbox"/>  Name of Group: _____   	Name: _____  Title: _____  Owner's Mailing Address: _____  _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>City</span> <span>State</span> <span>Zip</span> </div> Owner's Telephone: (    ) _____  Fax: (    ) _____  Secondary Contact Person: _____  & Telephone: (    ) _____   
<b>3 EVENTS -- UP TO 5 DAYS PER</b>	<b>EVENT -- PER YEAR ONE \$65 FEE</b>
<b>#1</b> Event Name: _____  Event Dates: _____  Event Location: _____  Water Source Name: _____ <div style="text-align: right;">Public <input type="checkbox"/>    Private <input type="checkbox"/></div> Sewage Disposal: _____ <div style="text-align: right;">Public <input type="checkbox"/>    Private <input type="checkbox"/></div> Name of Commissary: _____  Telephone: (    ) _____   	<b>#2</b> Event Name: _____  Event Dates: _____  Event Location: _____  Water Source Name: _____ <div style="text-align: right;">Public <input type="checkbox"/>    Private <input type="checkbox"/></div> Sewage Disposal: _____ <div style="text-align: right;">Public <input type="checkbox"/>    Private <input type="checkbox"/></div> Name of Commissary: _____  Telephone: (    ) _____   



3. Describe how all foods on your menu will be stored, prepared, transported, cooked, and served at the event.

**No cutting, slicing, chopping, etc... or extensive food preparation can be done on site at the events. All foods must be prepared before the event at a licensed commissary. Only final food assembly, cooking and serving at the event site is allowed. See Item 7, regarding commissary.**

4. List equipment and describe facilities that will be used at the temporary food establishment. Include a sketch of the temporary food establishment showing the placement of equipment, sinks, water tanks, refrigeration, counter tops, and work areas.
- ☐ All temporary food establishments must have adequate cooking, holding and refrigeration facilities to hold foods below 45° F or above 140 ° F. Mechanical refrigeration units must be pre-chilled to 45°F or less prior to being filled with foods.
  - ☐ Food grade hoses are required for filling potable water tanks. Do not forget to clean and sanitize prior to use.
  - ☐ Every temporary food establishment must be constructed in a manner that protects the food from outside elements, such as wind, rain, dust, etc. Floor covering must be used if ground emits dust.
  - ☐ Single service articles shall be provided for use by customers.
  - ☐ Ready to eat foods must be handled with gloves and/or proper utensils.

5. How do you wash your hands?

**Every temporary food establishment must have a hand washing facility. This must include a hand-washing sink or warm water vessel (101 F), soap, paper towels, and a catch basin or retention tank. The vessel must have a spigot that can be turned on and stay on for washing hands. No push button types allowed.**

6. How will you dispose of your waste water and garbage?

7. **IMPORTANT!** Unless you are a full service mobile unit, all food vendors must have a commissary (a licensed, approved facility) for food and equipment storage, food preparation and clean up of equipment. **Written approval from your commissary with the name, address, telephone number and signed by the owner/manager must be attached to this application.**

**PLEASE NOTE:** Incomplete applications will delay review or result in the application not being approved. Please take the time to fill out the application completely. Do not reference information provided on previous applications you made with the Panhandle Health District. Thank you.

I have read and understand the above requirements and agree to comply with these requirements for my temporary event food establishment.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

☐ License Holder/Owner/Lessee ☐ Agent/Title \_\_\_\_\_ Date: \_\_\_\_\_